Child and Adolescent Trauma Screen (CATS) - Youth Report

1.	Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	□ Yes	□ No
2.	Serious accident or injury like a car/bike crash, dog bite, sports injury.	□ Yes	□ No
3.	Robbed by threat, force or weapon.	□ Yes	\square No
4.	Slapped, punched, or beat up in your family.	□ Yes	\square No
5.	Slapped, punched, or beat up by someone not in your family.	□ Yes	□ No
6.	Seeing someone in your family get slapped, punched or beat up.	□ Yes	□ No
7.	Seeing someone in the community get slapped, punched or beat up.	□ Yes	□ No
8.	Someone older touching your private parts when they shouldn't.	□ Yes	□ No
9.	Someone forcing or pressuring sex, or when you couldn't say no.	□ Yes	□ No
10.	Someone close to you dying suddenly or violently.	□ Yes	\square No
11.	Attacked, stabbed, shot at or hurt badly.	□ Yes	\square No
12.	Seeing someone attacked, stabbed, shot at, hurt badly or killed.	□ Yes	□ No
13.	Stressful or scary medical procedure.	□ Yes	\square No
14.	Being around war.	□ Yes	\square No
15.	Other stressful or scary event?	□ Yes	\square No
	Describe:		

If you marked "YES" to any stressful or scary events, then turn the page and answer the next questions.

Mark 0, 1, 2 or 3 for how often the following things have bothered you in the last two weeks:

	0 Never / 1 C	Once in a w	hile / 2 h	Half th	ne time / 3 Almost alw	ays			
1.	Upsetting thoughts or pictures about what happened that pop into your head.						1	2	3
2.	Bad dreams reminding you of what happened.							2	3
3.	Feeling as if what happened is happening all over again.							2	3
4.	Feeling very upset when you are reminded of what happened.							2	3
5.	Strong feelings in your body when you are reminded of what happened (sweating, heart beating fast, upset stomach).							2	3
6.	Trying not to think about or talk about what happened. Or to not have feelings about it.							2	3
7.	Staying away from people, places, things, or situations that remind you of what happened.							2	3
8.	Not being able to remember part of what happened.							2	3
9.	Negative thoughts about yourself or others. Thoughts like I won't have a good life, no one can be trusted, the whole world is unsafe.						1	2	3
10.	Blaming yourself for what happened, or blaming someone else when it isn't their fault.						1	2	3
11.	Bad feelings (afraid, angry, guilty, ashamed) a lot of the time.						1	2	3
12.	Not wanting to do things you used to do.						1	2	?
13.	Not feeling close to people.						1	2	3
14.	Not being able to have good or happy feelings.						1	2	3
15.	. Feeling mad. Having fits of anger and taking it out on others.						1	2	3
16.	Doing unsafe things.						1	2	3
17.	Being overly careful or on guard (checking to see who is around you).						1	2	3
18.	Being jumpy.						1	2	3
19.	Problems paying attention.						1	2	3
20.	Trouble falling or staying asleep.						1	2	3
Plea	se mark "YES" or "NO" if	f the proble	ems you ma	arked	interfered with:				
1.	Getting along with others	□ Yes	□ No	4.	Family relationships	□ Ye	S	□ N	o O
2.	Hobbies/Fun	□ Yes	□ No	5.	General happiness	□Ye	S	□N	C
3	School or work	□ Vac	□ No						